			ARY PETITION	TANK THE PARTY OF	
United States Bankruptcy Court				INVOLUNTARY PETITION	
Eastern D  N RE (Name of Debtor - If Individual: Last, First,	istrict of New	York	ALL OTHER NAMES wood	by debtor in the last 8 years	
Lessno LLC	, whate)		(Include married, maiden, a	and trade names.)	
ast four digits of Social-Security or other Individ If more than one, state all.) 251907801	ual's Tax-ID No./Co	omplete EIN			
STREET ADDRESS OF DEBTOR (No. and street	t, city, state, and zip	code)	MAILING ADDRESS OF DEBTOR (If different from street address)		
16192 Coastal Highway Lewes, DE 19958  COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS			44-02 23rd Street Long Island City, NY 11101		
Sussex OCATION OF PRINCIPAL ASSETS OF BUSIN	an always	different from	previously listed addresses)		
Souther of Figure 1 and 10 of Bosh	NEGO DEBTOR (II )	onicioni nom	previously nated addressesy		
CHAPTER OF BANKRUPTCY CODE UNDER   Chapter 7 Chapter 11	WHICH PETITION I	IS FILED			
	PMATION PEC	APDING DI	EBTOR (Check applicable	le haves)	
Nature of Debts	I TON REGI	Type of		Nature of Business (Check one box)	
(Check one box) (Form Petitioners believe: Individual (Include Debts are primarily consumer debts Debts are primarily business debts Debts are primarily business debts Other (If debtor is		(Form of Or, Includes Joint (Includes LL) other is not one	ganization) Debtor) C and LLP)	☐ Health Care Business ☐ Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) ☐ Railroad ☐ Stockbroker ☐ Commodity Broker ☐ Clearing Bank ☐ Other	
VENUE			FILING FEE	(Check one box)	
<ul> <li>Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</li> <li>A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.</li> </ul>		Petitio in § 30 [If a child petitioner]	■ Full Filing Fee attached  □ Petitioner is a child suport creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached.  (If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]		
			D BY OR AGAINST An	NY PARTNER cases on attached shcets.)	
Name of Debtor	Case Number		TV-	Date.	
Relationship	District		J	udge	
	LEGATIONS			COURT USE ONLY	
(Check	applicable boxes)	)			
<ol> <li>Petitioner(s) are eligible to file this petiti</li> <li>The debtor is a person against whom an of the United States Code.</li> </ol>					
3.a. The debtor is generally not paying such such debts are the subject of a bona fide	dispute as to liability	y become due y or amount;	, unless		
3.b. Within 120 days preceding the filing of receiver, or agent appointed or authorize of the property of the debtor for the purpoperty, was appointed or took possess	this petition, a custoe ed to take charge of le pose of enforcing a li	less than substa	antially all		

EXHIBIT "1"

@001/001

S (Official Form 5) (12/07) - Page 2	4.	Name of Debtor_Lessno L1 C		
Check this box if there has been a transfer transfer and any statements that are require	of any claim against the	R OF CLAIM debtor by or to any politioner. Attach a 1003(a).	all documents evidencing the	
Pelitioner(s) request that an order for relief be entere etitioner is a foreign representative appointed in a f	d against the debter under th	FOR RELIEF se chapter of title 11. United States Code, d copy of the order of the count granting r	specified in this position. If any	
Politicaer(s) declare under populty of perjusy that the foregoing is true and correct according to the best of their knowledge, information, and belief.				
Signature of Petitioner or Representative (Su	nte title) / /oa	Signature of Attorney	Eute	
Smart Travel Network, Inc Name of Peritioner  Name & Mailing Address of Individual Signing in Representative  Long Island City, NY 11101		Name of Attorney Finn (If any)	.v 48-17	
		Address Telephone Na.		
4	enni da projecio e e entropole	X	st -	
Signature of Petitioner or Representative (St	sie title)	Signature of Acturacy	Dete	
Prans Am Travel, Inc.	Date Signed	Name of Attorney Firm (If any)	AND LOSS OF	
Ame & Mailing Address of Individual Signing in Representative apacity	S to gave - No	Address Telephone No.		
× Malarav Signature of Petitioner or Representative (St	6/12/09 nate title)	X Signature of Attorney	Date	
Name of Petitioner  MARIO So Name & Mailing Address of Individual 25-63 345 Signing in Representative Logic (6) An	Date Signed TIROV	Name of Attorney Firm (If any)  3 Address		
Capacity LONG ISLITA	The second second	Telephone No.		
Name and Address of Petitioner Smart Travel Network, Inc 44-02 23rd Street Long Island City, NY 11101	PETITIONING CREDITORS  Nature of Claim \$40,000 priomissory note and \$82,3[45.61 for services provided		Amount of Claim 122,304.61	
Name and Address of Petitioner Trans Am Travel, Inc. 4222 King Street Alexandria, VA 22302	Nature of Claim Services Provided	4	Amount of Claim 157,207.30	
Name and Address of Petitioner MARIO SOTTROY 25-62 BY ST. APT. 1 LONG ISLAND CITY, NY 1110	Nature of Claim PROMISSO	RY NOTE	Amount of Claim 89, 333.00	
Note: If there are more than three petitioner perjury, each petitioner's signature un- creditor information in the format abo	s, attach additional sheets der the statement and the		Total Amount of 3688 449	
The state of the s	0 continu	action sheets attached		